

**PETITION FOR APPEAL
TO APPEAL TRIBUNAL**

ARKANSAS APPEAL TRIBUNAL
Post Office Box 8013
Little Rock, Arkansas 72203

ALL ENTRIES ON THIS FORM EXCEPT SIGNATURES SHOULD BE PRINTED OR TYPED

1. CLAIMANT'S NAME:

2. SOCIAL SECURITY NUMBER:

BYR:

3. ADDRESS (STREET OR BOX NUMBER):

(CITY):

(STATE):

(ZIP CODE):

4. TELEPHONE NUMBER:

☐ PRIVATE ☐ PARTY
()

5. ISSUE(S) APPEALED:

Section(s)

6. I/We appeal from the determination of the Employment Security Department for the following reason(s):
(Please attach a copy of the determination).

7. APPELLANT SIGNATURE:

8. APPELLANT (CHECK ONE):

☐ Claimant

☐ Employer

NOTE TO CLAIMANT FROM ESD: *To protect your potential rights to benefits, you must continue filing a claim card each week, making your work search as instructed and reporting to your local office as directed during the time your appeal is pending unless you are working full-time.*

QUESTIONS BELOW FOR LOCAL OFFICE USE ONLY

9. Agency Representative To Testify? (CHECK ONE) ☐ Yes ☐ No

If Yes, _____ (Name) _____ (Title)

Phone Number: () _____

10. TYPE OF CLAIM:

☐ UI ☐ UCFE ☐ UCX ☐ EB ☐ TRA ☐ OTHER _____

11. APPEAL FILED:

(A) In person on _____ (Date) (B) By mail _____ (Postmark Date) (Attach Envelope)

12. TELEPHONE NUMBER:

☐ PRIVATE ☐ PARTY
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13. EMPLOYER ADDRESS CONFIRMATION (CHECK ONE):

A. Are employer name and address on the Determination complete and Correct? ☐ Yes ☐ No
If no, enter the complete name and mailing address in the space indicated below.

B. Are employer name and address omitted from the Determination? ☐ Yes ☐ No
If yes, enter the complete name and mailing address in the space indicated below.

14. APPEAL RECEIVED BY (INTERVIEWER):

LOCAL OFFICE ADDRESS:

EMPLOYER ADDRESS CORRECTION:
